

Utah Medicaid Program

Department of Health, Division of Health Care Financing

Medicaid Information: 1-800-662-9651

— ARCHIVE: complete Medicaid Bulletins available at
www.health.state.ut.us/medicaid/html/bulletins.html

— Alphabetical list of articles by title and keywords:
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INDEX of MEDICAID INFORMATION BULLETINS

for Utah Medicaid Providers

Chronological List of Articles by Month and Year Published

updated to July 2002

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Medicaid Information Bulletins published since April 1997 and an Index to articles published are available on the Internet. Use links at: www.health.state.ut.us/medicaid/html/provider.html

L To get a copy of a Medicaid Information Bulletin:

1. Use the FIND function to locate a keyword or date in the Index. Note the month and year of publication.
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Questions? Contact Donna Kramer, Technical Writer: e-mail: dkramer@doh.state.ut.us

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- 94-51 Assistant Surgeon
- 94-52 Vaccine Program
- 94-53 RBRVS

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- 94-54 Co-Payment - Emergency Department
- 94-55 Vaccines for Children Program
- 94-56 Hearing Aid Instrument Specialists
- 94-57 Home Health -Long Term Services
- 94-58 Mammography
- 94-59 Unspecified Codes
- 94-60 Criteria Change
- 94-61 Pharmacy Point of Sale
- 94-62 Discrimination Prohibited
- 94-63 DRG Hospitals
- 94-64 CHEC Criteria
- 94-65 Nursing Homes - Payment of Routine Services
- 94-66 Methylphenidate Criteria
- 94-67 Mental Health Center Updates
- 94-68 UB-92 Revision
- 94-69 Drug Limitations
- 94-70 Flu Shots - Home Health Agencies
- 94-71 Enteral Feeding

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- 94 -64 CHEC Enhanced Services Criteria Update for
Medical Supplies
- 94-72 Psychology Services-Age Limit, Prepaid Plans, and
Psychological Evaluations
- 94-73 Utah Medicaid Pharmacy Claim Change

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1993 BULLETINS

JANUARY 1993

- 93-1 PA Program
- 93-2 Psychiatric Services
- 93-3 Mental Health Manual Updates
- 93-4 Dental X-Ray
- 93-5 New Dental Codes
- 93-6 Home and Community Based Services Manual Updates
- 93-7 Dental Anesthesia
- 93-8 Ambulance Base Rate – Reminder
- 93-9 Unborn ID Number
- 93-10 CLIA Billing 22222
- 93-11 Pharmacy Point-of-Sale
- 93-12 Glucometers
- 93-13 Recipient Eligibility Verification System
- 93-14 New Provider Manual Chapter One

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- 93-15 New Prior Authorization Program

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- 93-16 Broken Appointments
- 93-17 Vision Updates
- 93-18 Pharmacy Point-of-Sale
- 93-19 Depo-Provera C
- 93-20 Returned Supplies
- 93-21 Recovery Services
- 93-22 Dental Anesthesia
- 93-23 Ophthalmological Services
- 93-24 Air Ambulance
- 93-25 Nurse Aide Training
- 93-26 Nutrients
- 93-27 Federal Upper Limits List
- 93-28 Home Health
- 93-29 Asst. Surgeons
- 93-30 Laboratory Codes
- 93-31 PA Lists

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- 93-32 Dental PA List
- 93-33 Home Health PA List
- 93-34 Physical Therapy PA List
- 93-35 Vision PA List
- 93-36 Speech PA List
- 93-37 Pediatric PDN PA List
- 93-38 Adult PDN PA List
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- 93-40 Hospital P.A. List
- 93-41 Hysterectomies
- 93-42 Wheelchairs
- 93-43 Newborn ID
- 93-44 Surgical Procedures
- 93-45 Vision Updates
- 93-46 Nursing Homes - Reporting Abuse
- 93-47 Oral-Maxillofacial
- 93-48 Immunizations
- 93-49 Lead Poisoning
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- 93-51 Targeted Case Management
- 93-52 Medical Deductions
- 93-53 Injectable Medications
- 93-54 Physical Therapy
- 93-55 Laboratory Codes

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- 93-58 Specialized Rehabilitative Services for Individuals with Mental Illness or Mental Retardation Residing in a Nursing Facility

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- 93-56 Toll-Free Telephone Service
- 93-57 Lead-Screening/CHEC
- 93-58 Vision
- 93-59 Glucose Monitors
- 93-60 Overrides
- 93-61 Mental Health
- 93-62 CHEC/Physical Therapy Codes
- 93-63 Tegretol
- 93-64 Nurse-midwives
- 93-65 UB-92 Form
- 93-66 Physician Microscopy Procedures
- 93-67 Nurse Aide
- 93-68 Immunizations
- 93-69 Anti-Ulcer Drugs
- 93-70 Medical Supply Update

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1992 BULLETINS

JANUARY 1992

92-1 Evaluation and Management Codes
92-2 Hospital Stay
92-3 UB-82 Manual Revisions
92-4 Emergency Services Prescriptions
92-5 Emergency Services Labor and Delivery
92-6 Organ Transplants
92-7 Usual/Customary Charges
92-8 Mammography
92-9 Sclerosing Varicose Veins
92-10 Orthodontia
92-11 Lupron Approval
92-12 Ambulance (patient not transported)
92-13 Labeler Codes
92-14 Mental Health
92-15 Psychiatric Code Y9988
92-16 Rural Health CHEC Screening
92-17 Billing Patients
92-18 Nurse Aide
92-19 Assistant Surgeon
92-20 ICD-9-CM Code
92-21 Dental Anesthesia
92-22 Psychology Manual
92-23 Business Agents
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92-25 New HCFA-1500 Instructions

92-53 Vision Care
92-54 Psychology Codes
92-55 Hospital PA List
92-56 Physician PA List
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92-68 Anti-Smoking
92-69 Overrides
92-70 TCM Manual
92-71 Laboratory Certification
92-72 92-39
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92-61TB Screen68

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92-26 Evaluation and Management Codes
92-27 Evaluation and Management Codes-Podiatrists
92-28 Evaluation and Management Codes-Optometrists

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92-29 CPT 1992 Edition - Newly Added Codes Noncovered
92-30 Revisions to Prior Authorization List
92-31 Dental X-Rays
92-32 Pharmacy Updates
92-33 L for Newborns
92-34 Organic Brain Disease Patients
92-35 Surgical Procedures/Sterilizations for Medical
Reasons -- Consent Form Requirements
92-36 Dental Updates
92-37 Vision Services
92-38 Hearing Services
92-39 DRG 385
92-40 Home/Community Based Services
92-41 P.A. Reminders
92-42 Psychology Manual Update
92-43 Spontaneous Abortions
92-44 Physicians -- Renal Dialysis Patients
92-45 Cognitive Services
92-46 Medical Supplies
92-47 Assistant Surgeon List

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92-48 Deliveries
92-49 Hospital Rates
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92-52 Transplants

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91-29 Sales Tax
91-30 Radiology
91-31 Ordering Publications
91-32 Detoxification
91-33 Mental Health Prepaid Plan
91-34 Mental Health Manual Update
91-35 Transplants
91-36 Case Management
91-37 Vision, Speech, Hearing Rates
91-38 CHEC Attach.
91-39 Prior Auth. List
91-40 Dental Codes
91-41 Anesthesia
91-42 Assist. Surgeon List

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91-43 UB-82 Manual -- Revisions to Medicaid Allowed
Revenue Codes
91-44 Additional Pharmaceutical Manufacturers Approved
for Medicaid Reimbursement
91-45 Errata to Medical Supply List

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91-46 MRI-Children
91-47 Radiology
91-48 P.A. Procedures
91-49 Services 3 Day Before Admission
91-50 TPL Hospitals
91-51 NH Patient Income
91-52 NH Patients-SSI Notification
91-53 Pharmacy Fees
91-54 Audiology Hearing Aides
91-55 Speech
91-56 CHEC Form
91-57 Weber County Dental Services
91-58 Dental-New Form
91-59 Charging Patients
91-60 Dental Codes
91-61 Medical Supply List
91-62 Vision
91-63 Orthodontia
91-64 High Risk Deliveries
91-65 Presumptive Eligibility
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91-67 Nurse Aide Training
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91-70 Homeless Manual
91-71 Patient Rights

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1990 Bulletins

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| 90-53 A. Computer Billing B. Claims Inquiry C. Eligibility Inquiry | 90-25 Group Practice Billing |
| 90-51 Psychiatric Inpatient Services | 90-24 Inpatient Hospital Stay Clarified |
| 90-50 A. New Federal Upper Limits List B. New OTC List | 90-23 Targeted Case Management for the Chronically Mentally Ill |
| 90-49 Targeted Case Management Program | 90-22 CPT Manual Review - HCPCS Update |
| 90-48 Medical Supplies List Available | 90-21 Referral Form Requirement / Primary Care Physician Case Management Program |
| 90-47 Update to the List of Procedures Requiring Prior Authorization | 90-20 Approval Process for Clozaril |
| 90-46 Intravenous Sedation Procedure Code | 90-19 Referral Form Requirement |
| 90-44 Revised Procedure for Billing the First Twelve Speech Pathology Treatment | 90-18 Payment of Case Management Fees to Primary Care Physicians |
| 90-43 A. Conjugated Estrogen No Longer Covered B. Override Reminder | 90-17 Cervical CAP |
| 90-42 New Medical and Surgical Procedures Prior Authorization List (Including Noncovered Services) | 90-16 Home Health Aide Training and Competency Evaluation Program |
| 90-41 Revised Medical and Surgical Procedures Prior Authorization List (Including Noncovered Services) | 90-14 Update of Procedure Codes |
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| 90-39 Dental Manual Updates | 90-12 Reminder - Telephone Prior Authorization |
| 90-38 Mental Health Manual Updates | 90-11 Reminder - Telephone Prior Authorization |
| 90-37 Home and Community Based Services Manual Updates | 90-10 Reminder-telephone Prior Authorization |
| 90-36 Targeted Case Management Manual Update | 90-09 Reminder- Telephone Prior Authorization |
| 90-35 CHEC (EPSDT) Changes in Federal Law | 90-08 Anesthesia Policy Clarification |
| 90-34 Revenue Codes for Magnetic Resonance Imaging (MRI) Services | 90-07 Group Practice Billing of Well-child Services on a CHEC Form must Include the Provider License Number |
| 90-33 Payment for Routine Care Services Delivered in the Emergency Room | 90-06 Billing the First Twelve Psychiatric Visits |
| 90-32 Payment for Routine Care Services Delivered in the Emergency Room | 90-05 UMAP Reimbursement Agreement for Anesthesiologist and Assistant Surgeon |
| 90-31 Prior Authorization for Medicaid Services | 90-05 Correct Use of Modifiers 22 and 47 |
| 90-30 Post Office Box Changes | 90-04 UMAP Eligibility Policy Changes |
| 90-29 Case Management Referral Form Requirement | 90-04 Drugs Removed from Federal Upper Limits List |
| 90-28 Business Agents | 90-03 Prozac No Longer Requires Prior Authorization |
| 90-27 Home and Community Based Manual Revisions | 90-03 UMAP Scope of Service; UMAP Coverage for Non-residents; UMAP Policy Changes |
| 90-26 Gross Income Cap for Patients in Medical Institutions Removed, April 1, 1990 | 90-02 Prozac No Longer Requires Prior Authorization |
| | 90-01 1. Ada Form Accepted for Billing Dates after April 1, 1990 2. ADA Form Required as of July 1, 1990 |

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89-73	Telephone Prior Authorization	89-23	Clarification of the Obesity Services Exclusion
89-72	New Procedure Codes	89-22	Post Payment Review
89-71	Telephone Prior Authorization	89-21	Paperless HCFA -1500 Personal Computer (PC)
89-70	Telephone Prior Authorization	89-20	CHEC (ESPSDT) Manual Updates
89-68	Changes to Prior Authorization Requirements, Telephone Prior Authorization	89-19	CO-Payment For Health Maintenance Organization Who Do Not Contract with Medicaid
89-66	Override Procedures	89-18	1989 HCPCS Update to the Medical Supply Manual
89-64	New Procedure Codes-IV Therapy	89-17	Revised List of Injectable Medications 1989 HCPCS Update
89-63	Home and Community Based Services - New Procedure Codes	89-16	Revised Medical and Surgical Procedures Prior Authorization List
89-62	Correct Billing of ICD 9-cm Surgical Code 69.02	89-14	Implementation 1989 HCPCS CPT - 4 Codes
89-61	Supply Code for Office Anesthesia	89-13	Oral/max. Service
89-60	Telephone Prior Authorization	89-12	Nurse Aide Training and Competency Evaluation Program and N.A. Registry
89-59	Changes in Anesthesia Billing	89-11	Targeted Case Management-provider Manual Update
89-58	Payment of Case Management Fees to Primary Care Physicians	89-10	Home and Community-based Services Provider Manual Update
89-57	Referral Form Requirement	89-09	UB-82 Claim Form Change to Direct Billing Manual
89-56	Alternative Sanctions for Medicaid Certified Nursing Homes	89-08	Direct All Telephones Requests about Elig. To the Medicaid Information Unit
89-55	Income and Resource Methodologies for Nursing Home Patients with a Spouse at Home	89-07	A. Policy Change-personal Needs Funds. Charge Code on Turnaround Doc. Now Optional
89-52	Changes to the List of Drugs on Prior Approval; Trial of Telephone Prior Authorization Procedures	89-06	Pg. 1 Home Health Agency Too Free Health, Pg 2 Physician Signature Must Be Obtain Within 60 Days for Recertification
89-51	Prescribing Generic and Brand-name Drugs	89-05	Revision and Clarification Of Preadmission. Policy & Procedures For Readmission To the Same LTC Nursing Facility from a Hospital
89-50	Eligibility for Emergency Services	89-04	Qualified Medicare Beneficiaries (QMB) a New Group of Medicaid Recipients
89-49	Eligibility of Nursing Home Patients with a Spouse at Home	89-03	Change for 89-02 UB-82 Claim Form Change to Direct Billing Manual
89-47	Procedural Clarification - Inpatient Psychiatric Services	89-02	UMAP Coverage for Non-residents
89-46	Adjusting Tads to Reflect Medicare or Other Covered Days	89-02	Change for 89-01 Pharmacy Change to Direct Billing Manual
89-45	Billing for Newborns	89-01	Rev. Preadmission And Continued Stay Review Policies and Procedures
89-44	UB-82 Medicaid Updates	89-01	UMAP Scope of Service
89-43	Changes to Federal List of Multiple Source Drugs		
89-42	Rule for the Suspension of Some Level II Preadmission Screening and Annual Resident Review (Pasarr) Evaluation Requirements		
89-41	Correction to DRG Outlier Threshold Table		
89-39	Services for Hormonal Imbalance		
89-38	1. Outlier Documentation for Psychiatric Admissions-revised Threshold Days 2. Billing Maternity Stays of less than Twenty Hours 3. Back Transfers		
89-37	Criteria for Day Treatment		
89-36	Emergency Rule for the Temporary Suspension of Some Level II Preadmission Screening and Annual Resident Review (Pasarr) Evaluation Requirements		
89-33	New Physical Therapy Policies & Prior Authorization Procedures		
89-32	Pharmacy Program Updates		
89-29	Private Duty Nursing		
89-28	New Procedure Code for Home & Community-based Services		
89-27	Revised Scope of Services Mental Health Clinics		
89-26	Hospital Reimbursement policy clarification & Procedural Changes		
89-25	Update to Office Laboratory Services		
89-24	No Reimbursement Clinic Services - Initial Evaluation Code		

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1988 Bulletins

88-92	Clarification Of Existing Policy on Billing Procedures.; Pathol. & Lab Service	88-40	Hospital Reimbursement for Inpatient Psychiatric Services: Prior Authorization for All Hospitals, Outlier Review for DRG Hospitals
88-90	Change for 88-12 Pharmacy Change to Direct Billing Manual	88-39	Revised Home and Community Based Services Fee Schedule
88-88	Clarification of Global (Package) Services	88-38	Implementation of the 1988 HCPCS CPT-4 Procedure Codes
88-87	One Encounter per Day - Rural Health Clinics	88-36	Correct Use of the Recipient's ID Number
88-86	Use 11 Digit NDC Codes Beg. 1/1/89	88-35	Policy Clarification-license No. Of Referring or Prescribing Providers Reg. On Claims Forms
88-85	Billing and Payment of Multiple Surg. Procedures	88-34	Clarification of Mental Health Policy-partial Units of Services
88-84	Psychology Service for Inpatients Not Eligible for Medicaid Reimbursement	88-32	Change to Pharmacy Claim Form
88-83	Fire Safety	88-30	Psychology Services
88-82	Clarification of 90 Day Review	88-29	Manual Revisions Pharmacy & Suppliers
88-75	New Office Lab. Proc. -Updates to the Medicaid Phys. Manual Section 2	88-28	Change to Direct Billing Manual for Laboratory Billing
88-74	Change for 88-21 Coverage for Special Service Is Limited to One Service per Day	88-27	Pharmacy Change to Direct Billing Manual
88-73	Psychology Manual	88-26	New Manual for the Home & Comm. Base Waiver Services for the Devel.
88-72	Pharmacy Manual Update-new Claim Form	88-24	Manual Vision 88-03 Update to Mental Health Clinic Provider Manual
88-70	Corrections to Home & Community Based Services Manual	88-23	Addition of ICF/MR Day Treatment Claims to Direct Billing Manual
88-69	Change to Direct Billing Manual	88-20	Home Health Presumptive Eligibility
88-67	Targeted Case Management Provider Manual	88-18	Manual Revision 88-05 Revision of Hcfa-1500 Direct Billing Instructions
88-66	Pharmacy Change to Direct Billing Manual	88-16	Manual Revision 88-1
88-64	Corrections to Bulletin 88-40	88-15	New Provider Agreement
88-62	Ambu Bag Is a Covered Medicaid Benefit	88-14	Recipients Medical Identification Card
88-61	Completion of Provider Agreements	88-13	Prior Authorization for Retin-a
88-60	Family Planning Services Do Not Require a Referral from the Primary Care Physician	88-12	Manual Revision 88-03
88-59	Pharmacy Information and New Federal "Upper Limits" for 1988	88-10	Enhanced Medicaid Coverage for Prenatal Care & Presumptive Medicaid Eligibility for Preg. Woman
88-58	Change in Medicaid Billing Procedures	88-09	Manual Revision 88-12 Out-of-state Services-ref: State Rule Making 455-92-87
88-56	Change to Direct Billing Manual	88-09	"Out-of-state" State Rulemaking 453-92-87
88-55	Standard for Coverage of Organ Transplants	88-07	Pharmacy Changes to Direct Billing
88-47	Incorrect Medical Identification Cards for Clients Enrolled with Fhp or Med-Utah	88-06	Clarification of Dental Codes Clarification of Dental Des for Utah Medical Assistance Program Claims
88-46	Inpatient Hospital Reimbursement for Outlier Days	88-05	N.H. 88-01 Manual Revision
88-45	New Procedure Code for Project Reality	88-04	Correction to Medical Supply Manual - Section 7
88-44	Correction of Billing Partial Units Effective Date & Mental Health Provider Manual Revision	88-03	New Personal Care Provider Manual
88-43	Labor and Delivery Room Revenue Codes		
88-42	Change in Medicaid Payment Method for Medicare Crossover Claims		

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87-81	Manual Revision 87-3 - Correction to Home Health Manual, Section 7	85-28	Checks Mailed Separately from Remittance Advice
87-79	Manual Health Procedure Code Clarification - Manual Vision 87-2	85-27	Pharmacy Reimbursement Changes Postponed
87-74	Rev. Bulletin 87-03 Add Home & Community Services Claims	85-26	Medicaid Orthodontic Program
87-69	manual change 87-2	85-25	New Appendix A
87-66	New Medical Supply Manual	85-24	Pharmacy Reimbursement
87-62	Pharmacy Change to Direct Billing	85-23	Frequency of Audiology Evaluation/examination
87-59	Mental Health Clinic's Provider Manual	85-22	Performance of Drug Regimen Reviews
87-58	Home Health Agency Policy Changes	85-21	Outpatient Hospital Manual Updates
87-37	HCFA 1500 Claim Form	85-20	Minimum Nursing Hours Required for Skilled and Intermediate Care Facilities
87-35	New Submittal of Invoice & Reimbursement Sections	85-19	New Level of Care
87-16	HCFA 1500 Claim Form	85-18	Meetings Regarding New Level of Care
87-12	Vision Services	85-18	Meetings Regarding New Level of Care
86-34	Revised Scope of Service & Procedure Code Index for Speech & Audiology	85-17	Medicaid Update
85-47	Meetings Regarding Medicaid Billing System	85-16	Revised Appendix B- Non-covered Desi Drug List
85-46	Meeting Regarding Changes in Medical Transportation Program	85-14	Outpatient Hospital Manual Updates
85-45	Holiday Decorations and Flame Resistant Requirements	85-14	Outpatient Hospital Manual Updates
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85-39	Dialysis Supervision - Physicians	85-12	Medicaid Orthodontic Program
85-36	1. Bacteriological Water Quality Testing 2. Infectious Waste Handling and Disposal	85-11	Diagnosis Coding on Preadmission /continued Stay Inpatient Care Transmittal (Form 10/1)
85-35	New Transportation Policies and Procedures	85-10	Diagnosis Coding on HCFA-1500
85-34	for Inpatient and Outpatient Services Only Ub-82 Claim Forms Will Be Accepted by Medicaid	85-09	New Appendix B- Non-covered Desi Drug List
85-33	Diagnosis Coding on Preadmission/continued Stay Inpatient Care Transmittal (Form 10/a)	85-08	UB-82 Medicaid Billing Requirements
85-32	Vision Care Program Cpt-4 Codes Available to Optometrist	85-07	UB-82 Medicaid Billing Requirements
85-31	Medicaid Identification Cards - Med Utah	85-06	Move of Medicaid Computer Center
85-30	Turnaround Documents and the New Level of Care	85-05	New Medical Supply Index
85-29	New Locations-provider and Client Services, State Medical Services, Medical Determination Unit, and Medicaid Operations	85-04	Medicaid Billing Procedures
		85-03	Certified Nurse Midwives Procedure Codes
		85-02	New Locations of Medicaid Offices
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84-80	Meeting Regarding Medicaid Billing System	84-36	Billing for Same-day Surgery (A Clarification of the Current Policy)
84-79	Meeting Regarding Medicaid Billing System	84-35	Submittal of Claim Forms
84-77	Medicaid Pharmacy Program Changes	84-34	Revised Form 695 - Interim Verification of Medical Eligibility
84-76	Medicaid Pharmacy Program Changes	84-33	Meetings Regarding Medicaid Billing System
84-74	Holiday Decorations and Flame Resistant Requirements	84-32	Payment of DRG for Newborn Care
84-68	New Provider License Number List	84-31	Use of Medicaid Inpatient Hospital Claim Form for Drug Based Reimbursement
84-67	after Hours Fees	84-30	Hospital Utilization Review Program Non-exempt Hospital
84-65	Laboratory Fee Schedules	84-29	Social Services Prepaid Health Plan
84-64	Nurse Anesthetist Services Will No Longer Be Bundled	84-27	48-hour Maternity Stay for a Normal Delivery No Longer in Effect
84-63	Inpatient Hospital Nurse Anesthetist Services	84-26	Desi Drug List
84-62	Flu and Pneumovax	84-25	Incorrect Medical Identification Cards for Clients Enrolled with Fhp
84-61	Medicaid Coverage for Newborns Delivered on or after October 1, 1984	84-24	DESI Drug List
84-60	Medicaid Coverage for Newborns Delivered on or after October 1, 1984	84-23	Outpatient Hospital Psychiatric Services and Manual Changes
84-59	Medicaid Coverage for Newborns Delivered on or after October 1, 1984	84-22	Consent Forms
84-58	Level of Care Changes	84-21	1. 48 Hour Maternity Stay 2. Inpatient Hospital Psychiatric Services
84-57	Co-payment for Non-emergency Use of Emergency Room	84-20	Psychiatric Services and Manual Changes
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84-56	Split Eligibility and DRG Reimbursement	84-18	Medicaid Claim FormsMeetings Regarding Medicaid Billing System
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84-54	Meeting Regarding Medicaid Billing System	84-16	Meetings Regarding Medicaid Billing System
84-53	1. Physician Fee Scale Increase 2. Dimetapp - Less-than-effective DRG	84-15	Meetings Regarding Medicaid Billing System
84-51	1. Desi Drug List 2. Medicaid Prescription Pricing	84-14	Medicaid Client Eligibility
84-49	Recipient Income Policy Clarification	84-13	Eligibility Dates on the February Medical Identification Cards
84-48	Meeting Regarding Medicaid Billing System	84-11	Drug Methodology for Hospitals
84-47	Meeting Regarding Medicaid Billing System	84-10	Freedom of Choice Issues Involving Long Term Care Providers
84-45	A. Maintenance Medication Policy Clarification 2. Generic Indomethacin Reimbursement	84-09	Interim Payment Program
84-44	Meeting Regarding Medicaid Billing System	84-08	Medicaid Services Transfer
84-43	Meeting Regarding Medicaid Billing System	84-07	Psychology Services
84-42	Hospital Utilization Review Program	84-06	Remittance Advices Claims in Process
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84-40	Meeting Regarding Medicaid Billing System	84-03	Certification Statements for Hospitalization of Medicaid Patients
84-39	Meetings Regarding Medicaid Billing System	84-02	Reimbursement Rate for Vision Care Program
84-38	Medicaid Claims for Services in the 1984 State Fiscal - Year	84-01	Drug Methodology for Hospitals
84-37	Parental Consent Required for Contraceptive or Abortion Services to Unmarried Minors		

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83-68	Inpatient Hospital Lab and X-ray Services	83-36	Second Opinion on All Psychiatric Patients Admitted to the Hospital
83-67	Transportation Services Provided to Patients of an Inpatient Hospital	83-35	1. Second Opinion on All Psychiatric Patients Admitted to the Hospital
83-66	Inpatient Hospital Speech/language Pathology Services and Diagnostic Services	83-34	Medicaid Updated
83-65	Diagnosis Related Group (Drug) Bundling (Clarification of the Policy Implemented July 1, 1983)	83-33	Coinurance for Non-emergency Use of the Emergency Room
83-64	Medical Supplies Provided to Patients of an Inpatient Hospital	83-32	Meetings Regarding Medicaid Billing System
83-63	Revised Conversion to New Nursing Home Payment System (Supersedes 83-59/nh 83-13)	83-31	Procedure Code Change to CPT-4
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Utah Medicaid Program

Department of Health, Division of Health Care Financing

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